

Individual Rehabilitation Supports Documentation of Contact / Services

Month _____

Name/Identifier: _____ S.S.# _____ Trainer: _____

Key: Location: **"H"** Home **"C"** Community
 Progress: **"+"** Progress/Skills Retained **"-"** Regression **"E"** Exceptions

Date of Implementation _____

Day/Date	M/	Tu/	W/	Th/	F/	Sa/	Su/	UNITS
Location								
Time/Units								
Progress								
Initials								

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Time/Units								
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TOTAL UNITS

(Mark at least one item in each category)

Health Status ☐ Good ☐ Fair ☐ Poor
 Status of Community Living Skills ☐ Good ☐ Fair ☐ Poor

Exceptions "E" to Performance: _____

Consumer's Signature

Trainer (LST or RSS) Signature

Lead Clinical Staff Signature

Date Reviewed

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